

VENEREAL DISEASES MORAL STANDARDS AND PUBLIC OPINION*

BY

C. S. NICOL

Physician-in-charge, Department of Venereal Diseases, St. Thomas' and St. Bartholomew's Hospitals, London

Most physicians who are concerned with the problem of the venereal diseases would agree that the antibiotics and other chemotherapeutic agents now available enable them to cure the great majority of their patients. The problem with which we are faced to-day is a very different one, not directly related to medicine at all; a change in our moral values has encouraged sexual promiscuity, and this in turn has caused an alarming increase in sexually-transmitted diseases.

To fully understand the moral codes and sexual behaviour of our various multiracial societies at the beginning of the second half of the 20th century, we must look back briefly to the very beginnings of the history of western civilization.

This civilization has been formed over the centuries from the varying effects of two very different and basic influences on the mind of man—*science* and *religion*. The history of science in the sense of definite knowledge as opposed to dogma really began between the 6th and the 4th centuries B.C. when the Greeks discovered mathematics, and the great philosophers applied rational thought to the behaviour of man as an individual and in the society of the city state. Later the Romans contributed further advances in engineering and law giving. Christianity, with its origins in eastern mysticism, was adopted by Constantine in the 4th century A.D. and so became the official religion of the West. Science did not survive the fall of the Roman Empire, but Christianity triumphed and the heathen tribes from beyond the Rhine were converted. Then for ten centuries men's minds were dominated by the great theologians like St. Augustine and St. Thomas Aquinas. The Church of Rome was all-powerful throughout the middle ages, however kings and emperors struggled against

it. Marriage was sanctified and chastity regarded as a shining virtue. But gradually the power of the Church waned through religious wars, a decline in the standards of the clergy, and a gradual loss of belief by the common people which was started by the writings of Erasmus and culminated in Luther and the Reformation. The fall of Constantinople in 1453 caused a flood of refugees who reintroduced the old Greek texts into Italy and caused the rebirth of science and art which we term the Renaissance, typified by the achievements of such an individual as Leonardo da Vinci. The moral tone, however, was typified by Boccaccio's *Decameron* and the writings of Benvenuto Cellini. In the centuries that followed science and religion battled for dominion in men's minds on fairly equal terms. Eras of strictness and laxity in the moral code alternated. In England the Reformation led on to the Puritan and Presbyterian movements. In the late 17th century the restoration of Charles II brought its reaction of easy living and licentiousness, just as in the 19th century the strict moral codes of the Victorian era were a reaction to the debauchery of the Regency period. But the first half of the 20th century with the devastation and social upheavals of two world wars has introduced a new problem. From the East a new philosophy or religion, call it what you like, has challenged the civilization of the West. Faced with this new threat people here are beginning to realize that the advances of science and Christian thought are compatible and must work hand in hand to discover a solution to our problems.

In 1962 we can divide our community into sections of opinion in two ways, by age and by social status. Let us be clear in our mind that difference in age is by far the more important, even within the same family.

Those of my age represent the middle generation, looking back to the generations of our parents, and forwards to the generation of our children—today's teenagers.

* Paper read at the Forum on Syphilis in Washington D.C., U.S.A. September 1962.

Through the eyes of our parents we can picture the strength and the weakness of the family as a unit at the turn of the century, a century since Waterloo of almost uninterrupted prosperity and peace except for the terrible civil war between the Northern and Southern States in the 1860s. But for the "have nots" of society there was a darker picture of poverty, ignorance, disease, and suffering, the price paid for the scientific advances of the Industrial revolution. This was an era of firm religious belief, and of great liberal and reforming movements, while in the background knowledge was slowly advancing. Science now seemed to hold the solution of every problem but these conclusions seemed incompatible with the story of the creation as told in the Book of Genesis. Knowledge and free discussion of sexual functions were taboo, and the results of illicit sex, pregnancy and venereal disease, were judged in the spirit of the Old Testament as a punishment and a retribution, while deviant behaviour led only to Reading Jail.

Those of us who were born at the beginning of this century represent the generation of disillusionment: in our lifetime we have survived two disastrous wars, each fought and won "to end all wars" with catastrophic loss of life and suffering. Few families were left intact. Many of us had lost religious faith, and lost faith in the great reforming movements which had degenerated in our time into political socialism. So we turned for our salvation to science, to the amazing advances which transformed our daily lives; we thus became the slaves of the new ideas of the great psychologists from Freud onwards. This profoundly altered our moral codes. Parents came to believe that discipline in the home thwarted the child's development, that sexual impulses should be given free reign to obtain vital experience before marriage, experience made safe by following the instructions of Marie Stopes. Yet divorces and broken marriages became commonplace and were accepted by society as inevitable.

And what of our children?; they form the so-called "beat generation" born during or after the second world war. But do not blame them too much—they have suffered all the disadvantages of having us as their parents. Many of these youngsters are separated from their families, both mentally and physically, and their loneliness makes them particularly receptive to all forms of modern propaganda. Worst of all, already lacking religious instruction, science has now failed them too in spite of all the material advances it now offers; it has given them "the bomb". Gone is the security of mind, faith in the future, the ability to plan ahead. These modern Epicureans live for "kicks"; they must experience everything in life before it is too late, sex of course included. But there

are signs of revolt against this nihilism, and of a return to religious faith. However much we may disagree with the policy of Unilateral Nuclear Disarmament, at least the "Ban the Bombers" have some misplaced sort of belief. Thus in panorama is our modern society of the West composed.

Now let us see why we may appear to be handicapped when we compare our position in relation to V.D. control to that in countries East of the iron curtain. We are handicapped by the very nature of our freedom of thought and action, but you must remember that public attitudes to, or, as I should say public opinion, about sex and the results of sexual promiscuity can in the final court be a decisive factor in our favour. I shall of course be talking mainly of our experience in Great Britain, but I think this is reasonably representative of the West in general.

The Present Situation

Venereal Diseases

There has been a steady increase in the numbers of new cases of venereal diseases attending the clinics in England and Wales as reported annually by the Chief Medical Officer to the Ministry of Health. In the latest report, that for 1961, this increase has been most marked in gonorrhoea, but there has also been a slight but significant increase in early infectious syphilis, not admittedly to be compared with the dramatic increases experienced recently in the U.S.A. Cases of non-gonococcal infection have also increased. The total numbers attending the clinics for examination is above the level of 1939, suggesting a general increase in numbers of those at risk. As already stated there is little evidence that this increase is due to a failure to cure these diseases. The partial resistance of some strains of gonococci is not progressively increasing (Medical Research Council Working Party, 1961) and occurs in only 13 per cent. of cases. The main causes have been of a socio-economic character. A recent survey by the British Cooperative Clinical Group (1962) showed that 50 per cent. of the new male cases of gonorrhoea in 1960 occurred in immigrants, half of these from the West Indies. As shown in a study of West Indians presented at the General Assembly of the International Union Against the Venereal Diseases and the Treponematoses in 1959 (Nicol, Brinton, Bird, and Rigden, 1960), over 50 per cent. of the males attending a clinic in London had had sexual contact with white women. Immigrants of all nationalities tend to be predominantly male; sometimes wives and families arrive later, but even so, many immigrant males seek casual relationships with white women. The considerations in the immigration problem are the difficulty

of controlling immigration in spite of a recent Act of Parliament, and the uselessness of any proposed medical examination on entering the country, as most immigrants are infected after arrival and many others would have positive serological tests due to yaws. The British Cooperative Clinical Group (1962) also demonstrated an increased percentage of gonorrhoea in those under the age of 25, and the great majority of these were white. The figure for 1960 was 36.5 per cent. (6.4 per cent. teenagers) for males and 63.8 per cent. (26.3 per cent. teenagers) for females. These figures show a marked increase since 1957. There was no evidence that the increases in the proportion of infected immigrant males and teenage females were directly connected. This evidence of increased promiscuity in teenagers was confirmed by an increase of 38 per cent. in the illegitimate births to mothers under 17 between 1956 and 1959. These children born out of wedlock usually have to be brought up in institutions or by foster-parents, and for this very reason they are often maladjusted to life. If the child is of mixed blood the problem is even greater.

The Wolfenden Report (1957) on prostitution and homosexuality led to the Street Offences Act (1959), which imposed heavy fines on women convicted of soliciting in the streets. On the other hand the opportunity to examine, diagnose, and treat such women in the Prison Clinics has now been lost. Those who promote prostitution were quick to employ new methods, such as soliciting from cars and upper windows. Advertisements with telephone numbers in shops and other applications of the call girl system included the compilation of a "Ladies Directory". This, however, came to grief in the case of *The Queen versus Shaw*. Shaw was convicted of conspiracy to corrupt public morals, living on the earnings of prostitution, and publishing an obscene article; his appeals to the Court of Criminal Appeal and to the House of Lords were both dismissed. The other problem dealt with in the Wolfenden Report was homosexuality; it was recommended that it should be made legal for consenting adult males to practise homosexuality in private, but the Government has never implemented this proposal. There is some evidence that, in spite of this, there has been an increase in male homosexuals; and it is certainly true that in a number of V.D. clinics an increasing proportion of early syphilis (31.6 per cent. in two clinics in London in 1959) and of gonorrhoea (13.4 per cent. in the same clinics in 1959) has been diagnosed in admitted male homosexuals (Nicol, 1960). The danger in disease control is that these homosexuals are extremely promiscuous and often widely travelled. One homosexual with early syphilis admit-

ted eleven recent contacts, three of whom were doctors.

There are great problems for the politicians who make the law, the Judiciary who apply the laws, and the police who attempt to support law and order, in relation both to prostitution and to homosexuality. But the law has other duties to perform which may greatly influence sexual promiscuity, such as the control of the sale of alcohol (ask any American if prohibition is workable), censorship of films, plays, broadcasting, and television, and the prevention of the publication of obscene literature. Unfortunately, business interests are often in opposition to these controls; if profits are to be made, human ingenuity can usually circumvent any legal obstacle. Once the general public has become conditioned to sex, once the ban has been lifted on a wide vocabulary of words which even some of us would hesitate to use in casual conversation, once it is permitted to deal in print or in plays with any sexual aberration or perversion, what censor can control those who see great profit in the exploitation of sex. When a stolid British jury decided that "*Lady Chatterley's Lover*" was not obscene literature, this sent a thrill through the hearts of D. H. Lawrence's admirers. But it also meant that youngsters in the family or at school could borrow the book and read passages, no doubt carefully thumbed and indexed, giving graphic accounts of sexual intercourse. These young people will skip the great literary achievement of the rest of Lawrence's work. Much of popular music, dancing, and twisting is frankly erotic, and business interests confirm the selling point of sex by constantly using it as a theme in advertising, whether it be for X films or for cigarettes or on commercial television. So young people are tempted through neglect, or boredom, to break the legal and moral codes which still survive. Juvenile delinquency cannot be separated from illegitimacy and infection with venereal diseases. Those who strive against these evils, ministers of religion, teachers, social workers, probation officers, doctors, nurses, and many voluntary workers, face a stupendous task. Churches and Sunday schools are often sparsely attended because official religion seems to have lost its hold on the family and on the individual. Many young clergymen have realized this, and there are encouraging signs that they are willing and anxious to look for a more broad-minded approach, particularly to young people, about sex and morals, and discuss these freely in such places as church youth centres. As a London vicar said recently "The theological solution simply does not work . . . our teaching is not to be deductive and scholastic, but inductive and empirical. Our Foundation doctrine must be the Christian doctrine of Man".

Teachers in school are also faced with a difficult problem—many feel they must take on the task, which the parent has so often neglected, of giving basic sex education, and later explaining the dangers of promiscuous sexual intercourse. This is, of course, of value, but it often also has the effect of widening the gap between parent and child. The teacher may be asked for advice on contraceptive techniques and premarital intercourse, but here instruction is more difficult as opinion varies. To quote a well-known anthropologist, writing in a pamphlet "Teenage Morals" with a foreword by the Minister of Education, "Why should we be so concerned if some young people between the age of 13 and 20 engage in heterosexual intercourse without being married?"

Our welfare officers and social workers are now faced with a new problem, the higher wage-earning capacity of young people. Their prosperity divides them socially from their parents; as clerks or secretaries they consider themselves in the lower middle class while their parents are often still manual workers. The parents may thus regard their children with pride but would not presume to advise or control them. These youngsters have plenty of money to spend on clothes and drink and entertainment, and this is the reason why big business is so interested in them. They can afford to get out of the family home quickly and share a flat with a friend. Friends or "the gang" nowadays are more important than the family, and in the "gang" it may be "square" to be a virgin. Even at school the gang influence is in evidence, as in the case quoted by a general practitioner at a medical meeting recently. Girls who had lost their virginity were entitled to wear a yellow golliwog on their gym tunics, "fun" being considered more important than games. But even so the teenager leaving school at 15 and earning, may be, £8 per week at 17, can marry at 19, whereas the youngster who continues with higher education in order to take a degree at, say 22, has to delay marriage. So premarital intercourse, often with fairly permanent liaisons, is common at the Universities. Even in high society, the disappearance of the chaperone has made matters easy for the so-called deb's delight (you can hire him in London, at a price). If it becomes necessary for a girl to disappear from the social round for a couple of months to procure an abortion, that is just part of the routine for those who can afford it.

Public Opinion

Since Gallup introduced the public opinion poll, it has seemed possible to find the answer to any question concerning public attitudes. Our knowledge in relation to venereal disease is at present rather limited. A group discussion paper presented by

Dalzell-Ward, Nicol, and Haworth (1960) to the I.U.V.D.T. in 1959 provided two interesting points about the attitude of men who had attended a V.D. clinic. First, that sexual intercourse was necessary for health, and secondly that prostitution was necessary to provide an outlet for the "natural" sex urge. They advocated organized brothels and considered that "a nice girl" would not accept a promiscuous relationship.

Another source of public opinion on the venereal disease problem was a television programme "The Shadow of Ignorance" originally shown in March, 1960, by the Granada T.V. Network. People in the street were asked "Do you think the general public knows enough about V.D.?" Answers such as "I haven't got the faintest idea", "Oh, my goodness what a subject", or "I don't even know what V.D. is", did not suggest a great public awareness. Others answered, "No, not half enough". A woman said, "It's only that they advertise in a few toilets". As one man put it rather picturesquely, "It's not like having a cold and you say to someone—well I've got a cold keep away from me". Another man had learned about V.D. in the Army abroad. A woman thought there was some education in the schools, but a boy said "We were never taught it in school—just talking amongst ourselves". But no-one seemed shocked or embarrassed by the questions. During the programme some patients from a V.D. clinic were questioned by a woman interviewer. In the first interview a prostitute made the interesting point that she always used contraceptives and went to the clinic for a check-up, but that a "whore" (by which I presume she meant an amateur) did not—"she just sells herself for a drink or a meal or something like that." But in spite of her precautions and check-up the prostitute had had V.D. on two occasions. A male homosexual said he was "horrified" when he was told he had syphilis and contemplated suicide. He admitted that some youngsters who were homosexual might not realise that V.D. could be transmitted by homosexual intercourse. A boy admitted that he had contracted gonorrhoea at 15; he did not know venereal diseases were caught through sexual intercourse. He was asked whether sexual intercourse was common with teenagers—as he put it, "Oh yes, they hear about (it), they know it's not to stir your tea with. They want to experiment." He thought there was nothing wrong with it, "You just hear other people do it, say 19, 20, and upwards." What little he knew of sex, "What I learned on street corners; you get it from one of the big boys". A girl student of 19 who had gonorrhoea told her mother, and "She was absolutely horrified". Asked if her mother knew she was having sexual intercourse, she replied "Mother had it at the back

of her mind for a long time, but she never approached me; I just don't think they [parents] want to know".

"I just wouldn't believe it could happen to me", said the deb's delight, who had taken a beautiful girl in a sports car back to his flat from a dance. Another youth interviewed had contracted gonorrhoea as a result of his first sex experience at his 18th birthday party. Asked what he felt when he realized he was infected, he said, "I was disappointed". Asked whether his family had given him any instruction, he said "No", and added, "You don't take any notice of what your family tell you, really, when you're that age. But if your teacher tells you at school, you take notice of it." Finally a married man of 48 was interviewed; he had contracted gonorrhoea as a result of an extra-marital risk; he admitted he had been promiscuous since the age of 16. Asked about the woman who infected him, he replied, "She wasn't exactly important, but I had known her before—that was the last place I expected to get it. If it had been an ordinary pick-up, I might have expected something, but being that it was more or less a friend, it seemed impossible". Asked if there were many men his age among his friends who would be willing to take such a risk, he replied, "I think the majority would, if they got the chance".

The Future

We still have insufficient evidence of the extent of the sexual experience of young people nowadays. The Central Council for Health Education with a 3-year grant from the Nuffield Foundation, is at present organizing such a survey, and it is hoped that the factual information so obtained will be of great help to a project of the Committee of the British Medical Association on the increase in venereal disease particularly amongst young people. This Committee is composed of doctors, clergymen, teachers, probation and welfare officers, and other social workers. It intends to gather evidence from all sections of the community from archbishops to pop-singers in order to advocate a correct behaviour pattern for young people. My own view of the future is that a change for the better will occur only when there is a final *rapprochement* between the Eastern and Western

blocs so that people can again concentrate on social and moral problems. The family will have to be restored as the main pillar of society. This means that we shall have to make arrangements to educate our children to parenthood; a parent education movement has in fact operated in one country, France, since 1929. A new approach by the Churches must be based on the New Testament spirit of understanding and the importance of thinking of other people, rather than the Old Testament idea of rules and punishment. I think we must all preach the sanctity of marriage and encourage the idea of the engagement of two young people as a real contract, not just as a notice in the morning papers. Increased prosperity resulting in earlier marriage could make premarital intercourse die a natural death, so that a honeymoon would again be an experience to look forward to.

But what about promiscuity and its results, pregnancy and venereal disease? Are we taking the right road by applying protective and preventive methods, pills, contraceptives, and prophylaxis in its various forms, or should we accept that God has provided these disincentives to promiscuity? Should we, as mere mortals, remove them? As doctors it is clearly our duty to help those in trouble and restore them to health, but very often it is these very dire results of promiscuity which persuade, or if you like convert, the individual, particularly if it is realized that others have suffered as a result of his mistakes.

REFERENCES

- British Cooperative Clinical Group (1962). *Brit. J. vener. Dis.*, **38**, 1.
- Dalzell-Ward, A. J., Nicol, C. S., and Haworth, M. C., (1960). *Ibid.*, **36**, 106.
- Medical Research Council Working Party (1961). *Lancet*, **2**, 226.
- Ministry of Health (1961). "Report for the Year 1960. Part II. On the State of the Public Health", p.56; Appendix C, p.225. H.M.S.O., London.
- Nicol, C. S. (1960). *Practitioner*, **184**, 345.
- , Brinton, M., Bird, G. S., and Bigden, M. S., (1960). *Brit. J. vener. Dis.*, **36**, 44.
- Report of the Committee on Homosexual Offences and Prostitution (Wolfenden Report) (1957). Cmnd. 247. H.M.S.O., London.
- Street Offences Act (1959). H.M.S.O., London.